

**Utility Information Release Waiver
For
Governor's Office of Energy Policy**

Section 1: Applicant Information

Authorized Representative: _____
(Last Name) (First Name) (Middle Initial)

Company Name: _____

Mailing Address: _____

Mailing City, State, ZIP: _____

Phone: _____

Name on utility account: _____

Section 2: Utility Information *(please attach a separate sheet if necessary)*

Utility Service Provider (as applicable):

Bldg. Name and Address on Utility Bill	Electricity Utility Acct. #	Natural Gas Utility Acct. #
1.		
2.		
3.		
4.		
5.		
6.		

As an authorized employee with signing authority, I certify that the above information (including any and all attached documents) is accurate to the best of my knowledge. I give the above listed utility service providers permission to release my account information, including both consumption and expenditure data, to the Governor's Office of Energy Policy for current and future data analysis.

Applicant Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

Bldg. Name and Address on Utility Bill	Electricity Utility Acct. #	Natural Gas Utility Acct. #
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